



## Texas Department of Insurance

Agent and Adjuster Licensing: Mail Code 107-1A

P.O. Box 149104 Austin, Texas 78714-9104

512-322-3503 kkk'hj'm Uj[cj #"

### Discount Health Care Program Operator Biographical Certificate

**All individuals completing this form should read the General Information starting on page 3.**

This form must be completed by the following individuals associated with a discount health care program operator. Please check the box or boxes that describe the individual who is completing this form. For the purposes of this question, an applicant must submit biographical information during registration or when there are additional individuals who are: individuals responsible for conducting the program operator's affairs, a member of the board of directors, board of trustees, executive committee, or other governing board or committee, an officer of the program operator, any contracted management company personnel, or any person owning or having the right to acquire 10 percent or more of the voting securities of the program operator.

Individual responsible for conducting the discount health care card program operator's affairs;

Member of the board of directors

Member of the board of trustees

Member of the executive committee

Member of other governing board or committee, please specify \_\_\_\_\_

Officer of the program operator, please specify title \_\_\_\_\_

Contracted management company personnel. Please specify title \_\_\_\_\_

Please specify name of management company \_\_\_\_\_

A person who owns or has the right to acquire 10% or more of the voting securities of the program operator.

Please specify the percent of voting securities you own or have the right to acquire \_\_\_\_\_

### Part I-Biographical Information

Applicant Information: Please read carefully and provide all requested information.

#### 1 Name of Discount Health Care Card Program Operator:

PRINT FULL LEGAL NAME

#### 2 Individual's Detail Information: This application cannot be processed without this information.

FULL LEGAL NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

#### 3 Individual's Mailing Address:

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX

CITY

STATE

ZIP CODE

#### 4 Contact Information:

TELEPHONE NUMBER (###) ###-####

FAX NUMBER (###) ###-####

EMAIL ADDRESS

## Part II–Screening Questions

If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided. If you answer **“Yes”** to any of the below questions, please attach copies of documentation and separate pages providing the details including names, contact information, dates, locations, dispositions, or any other pertinent information.

### 1 Excluding traffic violations and first offense DWI:

- a** Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?

No Yes

- b** Have you ever been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?

No Yes

- c** Have you ever had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?

No Yes

- d** Have you ever **served any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?

No Yes

If you answered **“Yes”** to any of questions **1a–d**, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offense(s). You must include your age at the time(s) of the offense(s). You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

- 2** Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?

No Yes

If you answer **“Yes,”** a registration will not be issued until full details of the administrative or legal action are provided.

- 3** Are you indebted to any discount health care program member, policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for membership refunds, premiums collected or commissions retained, or have any claims or judgments been filed against you for membership refunds, retaining premiums or commissions?

No Yes

If you answer **“Yes,”** a registration will not be issued until full details of the indebtedness are provided.

- 4** Have you ever had a discount health care program contract cancelled for cause (e.g., misrepresentation, misappropriation, etc.)?

No Yes

If you answer **“Yes,”** a registration will not be issued until full details are provided.

- 5** Fingerprint Receipt: Have you attached your fingerprint receipt? Refer to page 3 and 4.

No Yes

If you answer **“No,”** explain why your fingerprint receipt is not attached to this form.

### Part III–Certification:

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

**I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.**

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

State of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL

County of \_\_\_\_\_

**Personally appeared before me the above named \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he or she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his or her knowledge and belief.**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_  
MM/DD/YYYY

#### Notice About Certain Information Laws and Practices

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you have the right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the *Texas Government Code*, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal Services Division at [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) or you may refer to the Corrections Procedure Section on our websites.

### Part IV–General Information:

**Fingerprints:** Each individual that uses the electronic fingerprint process must provide a copy of a fingerprint receipt from L1 or Pearson Vue evidencing the individual has had his/her fingerprints electronically submitted to the Texas Department of Public Safety.

The fingerprint receipt is waived if one of the following applies.

- 1** The individual holds an active TDI license or registration and has already submitted fingerprints to TDI with another license application or registration application *or*
- 2** The individual is a nonresident and meets this requirement by one of the following.
  - a** The individual is associated with a discount health care operator which is registered in good standing in another state and the individual was fingerprinted for the purpose of registering that discount health care program operator in that other state, *or*
  - b** The individual provides with this application criminal history records obtained from the individual's resident state's law enforcement agency *or*
- 3** The individual, or the Discount Health Care Program Operator with which you are associated, is renewing an unexpired license, certification, registration, or authorization.)

**Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with the applicable statutes.**

**Fingerprinting:**

The application for registration as a discount health care program operator will not be processed until TDI receives your criminal history reports from the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for the individual whose biographical information is being requested under this form in accordance with the Texas Insurance Code §7001.005(a)(2) and §7001.008. TDI strongly encourages all individuals to use the electronic fingerprint process. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of applications.

The process for **electronic fingerprinting** is as follows.

- 1** Print and complete the FAST Pass form from TDI's website at [www.tdi.texas.gov/forms/form11.html](http://www.tdi.texas.gov/forms/form11.html). You will need the information from the FAST Pass form when making your Electronic fingerprint appointment.
- 2** Contact L1 Enrollment Services to schedule an appointment to be electronically fingerprinted. L1 has over 90 locations in Texas, including Pearson Vue test centers. You may schedule online at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling **1-888-467-2080**. You **must** pay \$41.45.
- 3** Arrive at your electronic fingerprint appointment location with your FAST Pass form. A fingerprint technician will capture your digital fingerprints. You will also be photographed as part of the fingerprint process.
- 4** After your fingerprints and photograph are taken, the technician will give you a receipt verifying that you were fingerprinted. **Do not throw away the receipt!** You will need to attach a copy of the receipt to this form. You will not get a printed fingerprint card.

**Alternative to Electronic Fingerprinting:**

When electronic fingerprinting is not chosen as the method to submit an individual's fingerprints, the following process must be followed.

- 1** Print and complete the FAST Fingerprint Card Scan Authorization Form from TDI's Website, [www.tdi.texas.gov/forms/form11.html](http://www.tdi.texas.gov/forms/form11.html). ALL information requested on the FAST Fingerprint Card Scan Authorization Form **MUST** be provided. That includes sex, race, date and place of birth, home address, etc. If the required information is not provided, the fingerprint card cannot be processed.
- 2** Get fingerprinted by a criminal law enforcement agency on an original APPLICANT fingerprint card that includes Texas Department of Insurance ORI TX920540Z. ALL requested information must be provided on the fingerprint card and you and the official taking the fingerprints must sign the card. Blank cards may be obtained from TDI by calling **512-322-3503** or email request to [License@tdi.state.tx.us](mailto:License@tdi.state.tx.us) **All fingerprints MUST be captured by a law enforcement agency.**
- 3** Make check for **\$41.45** payable to "L1 Enrollment Services".
- 4** **Mail** the completed Fingerprint Card Scan Authorization Form, original fingerprint card and check to:  
**L1 Enrollment Services**  
**1650 Wabash Avenue, Suite D**  
**Springfield, IL 62704**
- 5** Wait for a **FAST receipt** from L1 Enrollment Services. The **FAST receipt** must be attached to the completed Biographical form at the time it is mailed to **Texas Department of Insurance**.

**Fingerprints provided for a Biographical Form shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.**

TDI cannot complete processing an application for registration or renewal of registration as a discount health care program operator until it receives a criminal history report from DPS and FBI for the individual whose biographical information is being requested under this form in accordance with the *Texas Insurance Code* §7001.005(a)(2) and §7001.008.

- 6** This **form** should be used when **additional** individuals become associated with a **discount health care program operator**.